

AccuReview

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 XX XX XX XX XX 1-night in-patient stay between XXXX.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board certified in Orthopaedic Surgery with over 15 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX: Follow-up Note dictated by XXXX. CC: s/p XXXX. Ortho Discharge info: DX: XX XX XX XX ankle XX XX XX.XX, XX XX XX/XX separation. Keep dressing clean and dry, changing every other day beginning post-op day 5, and return to physician for redness around XX site, increased drainage or XX drainage. Pin care twice daily. F/U on XXXX, plan on retaining ex-fix for another XX weeks XX/XX history of XX instability of the XX joint.

XXXX: Operative Report dictated by XXXX. Preoperative Diagnosis: Type XX XX XX ankle fracture dislocation. Postoperative Diagnosis: Type XX XX XX XX ankle XX XX.

XXXX: Operative Report dictated by XXXX. Preoperative Diagnosis: Type XX XX XX XX ankle fracture dislocation XX/XX open reduction, internal fixation of XX XX XX external fixation and closed reduction and XX XX of XX XX fracture. Postoperative Diagnosis: Type XX open XX XX ankle XX XX s/p open reduction, internal fixation of XX XX spanning XX

fixation and closed reduction and percutaneous XX of XX XX XX.

XXXX: Chart Note dictated by XXXX. CC: s/p XX and XX of an open XX XX ankle XX XX. PE: XX-XX is intact and XX XX are clean. X-rays reviewed XX XX with no XX-XX XX appreciated. Ankle XX is XX and overall alignment is maintained. There is some suggestion of possible slight XX out of one of the XX XX XX, however, overall alignment is maintained. Impression: XX XX and XX of an XX XX XX ankle XX XX. Plan: Today, XX were removed, and XX-XX were placed. We will plan to keep the patient non-weightbearing to the XX XX XX and XXXX should continue to elevate. We will plan to go ahead and schedule XXXX for removal of XXXX ex-fix in approximately XX weeks.

XXXX: Operative Report dictated by XXXX. Preoperative Diagnosis: Type XX open XX XX ankle fracture s/p external fixation and open reduction internal fixation. Postoperative Diagnosis: Type XX open XX XX ankle XX s/p XX XX and open XX XX XX.

XXXX: Chart Note dictated by XXXX. CC: follow up s/p open XX and XX XX type XX open XX XX ankle XX XX. PE: XX ankle reveals XXXX XX wound XX XX well. There are some small areas of XX that are immature and well without XX or XX. XXXX XX wound is well healed. Ankle XX is XX degree and XX flexion is XX degrees. X-ray demonstrated XX ankle anatomic XX of XXXX ankle XX, fracture line is XX in XX XX, does appear to be healing. XXXX comminuted XX fracture is healing well. There does appear to be progression of XX. XXXX XX screw remains in place. Impression: XX open reduction and internal fixation type XX open XX ankle fracture. Plan: weightbearing as tolerated in XX and prescribed physical therapy, prescribed XX, work note for light duty, refilled XXXX, RTC in XX weeks with XX views of XX ankle.

XXXX: Chart Note dictated by XXXX. CC: reported XX without XXXX XX despite recommendations to wear the XX when XX. XXXX does continue to note pain in the XX ankle although it is slightly improved. XXXX also complains of some pain at the XX aspect of the XX ankle which XXXX states has been present since the injury but has been more noticeable over the last few weeks since increasing XXXX ambulation. XXXX denies any XX drainage, erythema, fevers, or other signs or symptoms. PE: Complains of pain at the XX aspect of the XX XX XX to the XX XX. ROM is from approximately XX degrees of dorsiflexion to XX degrees of XX flexion. Impression: s/p XX and XX of a XX open XX ankle fracture dislocation and suspected XX ankle sprain. Plan: continue weight bear as tolerated to the XX XX XX in XXXX fracture boot, given a lace-up ankle brace for XX ankle sprain, discusses potential of needing XX XX of the XX XX in the future if this fails to heal, RTC XX weeks to schedule for removal of XX screw and potentially XX XX if needed.

XXXX: Chart Note dictated by XXXX. CC: XX ankle pain, limiting activities and requires wearing boot to function as a maintenance provider and general XX for this XX where the injury occurred. PE: XX XX ankle, which is in XX in medial and on glance it XX slightly further but XXXX can XX, and XXXX is able to be functional. Manipulation of the ankle causes XX and XXXX is painful throughout the area XX the ankle joint. XXXX is grossly neurologically intact and has well-healed incisions and is reasonably aligned. Impression: posttraumatic XX secondary to XX ankle fracture and subsequent XX failure after an XX fracture. The claimant is

beyond what a revision of fixation would really be able to provide based on the XX of the XX XX XX. Consideration really must be given to either XX or a more radical approach would be to revise the fixation, stabilization of both XX and then proceed with consideration to an ankle XX. XX makes more sense and it is a single-stage procedure and at that time the XX could be stabilized, and XX could be XX as well, and then at a point later is the patient decides that XXXX would like to consider pursuit of a XX and that consideration to conversion from XX to XX might be appropriate.

XXXX: Operative/Procedural Report dictated by XXXX. Preoperative Diagnosis: XX ankle XX and XX with post-traumatic XX. Post-operative diagnosis: XX ankle XX and XX with post-traumatic XX.

XXXX: Chart Note dictated by XXXX. CC: XX XX XX pain, XXXX wishes to return to work and is XX in a regular XX. XXXX can function. Requested functional capacity evaluation, however claimant goes through a work conditioning program. Therefore, it is reasonable for XXXX to return to work once put through rigors of the functional capacity evaluation and work conditioning.

XXXX: Chart Note dictated by XXXX. CC: F/U XX ankle XX. XXXX is full weightbearing and is using high top XX for support. XXXX is asking to return to work and would like approval to XXXX. PE: grossly stable. Plan: return to work, XXXX job, but should XXXX. XXXX is still healing but progressing well.

XXXX: Established Patient Encounter dictated by XXXX. CC: XX XX pain. Claimant is back to work and feeling good, reported come XX XX type pain, but XXXX swelling is mild at this point. Impression: good stability of XXXX ankle XX, recommend compression XX and XX device, continued elevation, rest, transition from XX to XX. XX and/or XX XX tendon XX would be appropriate.

XXXX: CT Ankle without Contrast dictated by XXXX. Impression: 1. Solid XX XX XX. 2. Solid fusion of the distal XX XX. XX XX also demonstrates solid fusion to the XX XX. 3. XX fracture versus XX of the XX XX just proximal to XX XX. 4. Resection or resorption of the XX XX. 5. Moderate posttraumatic XX of the XX joint. 6. Thickened posterior XX tendon compatible with XX.

XXXX: Chart Note dictated by XXXX. Claimant has had increasing pain in the area of the XX ankle. Sent for CT scan and came back with pain and swelling. Plan: continued conservative measures, transition to a XX wear to XX the ankle and to offload the XX joint and ROM exercises as well as oral anti-inflammatory. If XXXX is no better, consider injection in XX joint for diagnostic and therapeutic purposes.

XXXX: Chart Note dictated by XXXX. CC: XX ankle increasing pain and limitations in activity due to pain. PE: XXXX is still wearing the XX as opposed to a XX XX. XXXX XX is terribly XX, although it is XX and XX XX. XXXX is XX in the XX area along the XX XX tendon. XXXX foot is moderately flat and stands aiming towards XX. XXXX is partially correctable back to neutral but has tenderness with this. Plan: recommendation for injection to

XX XX tendon. If this ineffective, consideration to a XX XX would be appropriate versus XX.

XXXX: Operative/Procedure Report dictated by XXXX. Preoperative Diagnosis: XX XX and XX XX. Postoperative Diagnosis: XX XX and XX XX.

XXXX: Chart Note dictated by XXXX. CC: s/p injection of XX XX and XX joints on XXXX. Currently ambulatory in XX XX. XXXX is having XX pain which is exacerbated by elevation. The injection lasted XX days, easing but not fully relieving the pain. XXXX is currently having to take pain medication XX a day with incomplete management of the pain XXXX is having. Pain is worse outside of the surficial XX but present regardless of its use. XXXX pain with immobilization is enough that XXXX does not wish to continue with the XX or a XX alone. Wearing insoles and compression socks without relief. All reasonable conservative treatments in addition to injections and XX XX XX have been attempted without reasonable relief from pain. PE: XXXX foot is sitting in a significantly XX position under XXXX ankle XX, mild XX, XX XX. DX: s/p XX ankle XX, XX XX collapse. Discussed XX/XX for treatment options including XX wear, XX XX, and XX. XXXX would like to proceed surgically and voiced preferred for XX.

XXXX: Chart Note dictated by XXXX. Addendum: reported tremendous relief in the first XX or XX days after the injection, but the pain has returned. At this point, XXXX has really a little tolerance for this and has previously requested an XX. XXXX was denied by XXXX insurance carrier. At this point, XXXX has a solid XX XX and has worn a XX for the last XX months. XXXX injection has failed, and XXXX is not particularly interested in accepting the symptoms even though they are somewhat improved in XXXX current boot situation. XXXX would prefer XX. At this point, I have no argument to give XXXX to prevent this, we will try and get this set up. Risks and benefits and alternatives were discussed including potential for XX to improve pain and XX pain with XXXX XX, but that these were rare complications and based on XXXX motivation, XXXX would most likely do well.

XXXX: Pre-Op Checklist dictated by XXXX. CC: XX XX pain. Current Medications: XXXX l, last therapy XXXX. PE: XXXX foot is sitting in a slightly XX position under XXXX ankle XX, mild XX. DX: XX XX ankle XX, XX XX XX.

XXXX: UR performed by XXXX. Reason for denial: Noting the date of the injury, understanding the ingoing complaints of pain, the XX-XX of XX XX, there is no specific clinical information presented that would support a XX protocol. As such, this is not warranted.

XXXX: UR performed by XXXX. Reason for denial: This case involves a now XXXX with a history of an XX claim from XXXX. The mechanism of injury was not detailed in the information provided for review. The current diagnosis is documented as XX of XX ankle joint; displaced XX fracture of the XX XX XX; pain in XX ankle and joints of XX XX. The patient underwent an injection of the XX joint and XX joint on XXXX. During the assessment on XXXX, the claimant was evaluated for continued, XX pain, exacerbated by elevation. The claimant XX in a XX boot. The claimant reported that the recent injection had lasted XX days. The claimant reported that the pain was worse outside of the XX XX but regardless of use. The claimant reported that XX XX and XX XX did not provide relief. During the physical

examination, the claimant's XX sat in a significantly XX position under the ankle XX. Mild XX is noted. There was no erythema or other signs of infection. XXXX was noted to be XXXX. X-rays confirmed intact XX. The ankle joint was solid, but the rest of the foot was XX in a XX position. The claimant elected to proceed with a XX-XX XX and verbally agreed with the assessment/plan. An addendum to the XXXX note documented that the claimant had a XX ankle XX and had XX XX for last XX XX. It was noted that the claimant XX an XX. However, as noted in the documentation there was no XX or signs of infection to support the need for XX. There was no evidence of XX disease or an XX blood flow. The c-rays confirmed intact hardware with XX XX joint. As such, the request for XX leg XX-XX XX with 1-night inpatient stay is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are disagreed with and overturned. The request for XX XX XX (XX) is approved. This claimant sustained a XX ankle grade XX open XX XX/dislocation in XXXX. XXXX ankle injury required open XX XX fixation (XX) and external XX. XXXX subsequently developed post-traumatic XX, treated with XX ankle XX. XXXX currently has a painful XX foot associated with XX of the XX and XX joints. On examination, XXXX has XX collapse and XX of the XX. XXXX has failed XX care with medication, injections, and XX XX. The treating physician has recommended continued XX, triple XX or XX. The patient has requested XX.

The XXXX injury was a XX injury to the ankle. XX XX was an appropriate secondary procedure for post-traumatic ankle XX. This claimant is now dealing with foot XX and pain. XXXX condition will not improve with continued conservative care, especially in the setting of XXXX. XXXX requires a XX procedure now. Triple XX does not guarantee a pain-free foot for this patient. The requested XX is an excellent surgical option for this patient. Following XX, XXXX will no longer deal with pain or XX in the XX. XXXX mobility will improve with this procedure. XXXX should not require any additional surgery following XX. Based on my review of the records, XX is XXXX best treatment option. Therefore, after reviewing the medical records and documentation provided, the request for 1 XX XX below XX XX, 1 night in-patient stay between XXXX is medically necessary at this time and is overturned and certified/approved.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)